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COVER LETTER

то:	New Filing Section Division of Corporations
SUBJE	CCT: Mercedez Kidz LLC Name of Limited Liability Company
The en	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Name of Person
	,
	Firm/Company
	2403 Pennya Drive
	City/State and Zip Code Comparison E-mail address: (to be used for future annual report notification)
For furt	her information concerning this matter, please call:
	Name of Person Area Code Daytime Telephone Number
Enclos	sed is a check for the following amount:
□\$12	5.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
(Must contain the words "Limited Liability Company, "L.L.C.!" or "L.L.C.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: 2463 Pennlyn Drive Tallahassee, FL 32308 Tallahassee, FL 32308
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are:
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Takola Love Battes water Greentaman Rd Tailarassee Fi 35305
AMBR	MIKKISHA POVAR 501 OURE PAR 31313
AMBR	SM GLOGING MOURE 1360
AMBR	Lastala Payar Tau 12 32302
(Use attachment if necessary)	date of filing: (OPTIONAL)
(If an effective date is listed, the date must b	e specific and cannot be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed as
ARTICLE VI: Other provisions, if any.	
This document is ex I am aware that any	a member or an authorized representative of a member. Executed in accordance with section 606.0203 (1) (b), Florida Statutes. Filing Fees: Typed or printed name of signee
\$125.00 Filing Fee for Articles of \$30.00 Certified Copy (Options	f Organization and Designation of Registered Agent
\$ 5.00 Certificate of Status (O)	

as

The name and address of each person authorized to manage and control the Limited Liability Company:

ARTICLE IV-